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To: Harrington, Nicole J.
Sent: 2/19/2015 2:18:52 PM
Subject: 2015 LP Presentation.pptx
Attachments: 2015 LP Presentation.pptx

My thoughts... notes on slides and I added talking points

PLAINTIFFS TRIAL
EXHIBIT

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Our Communities Our Responsibility

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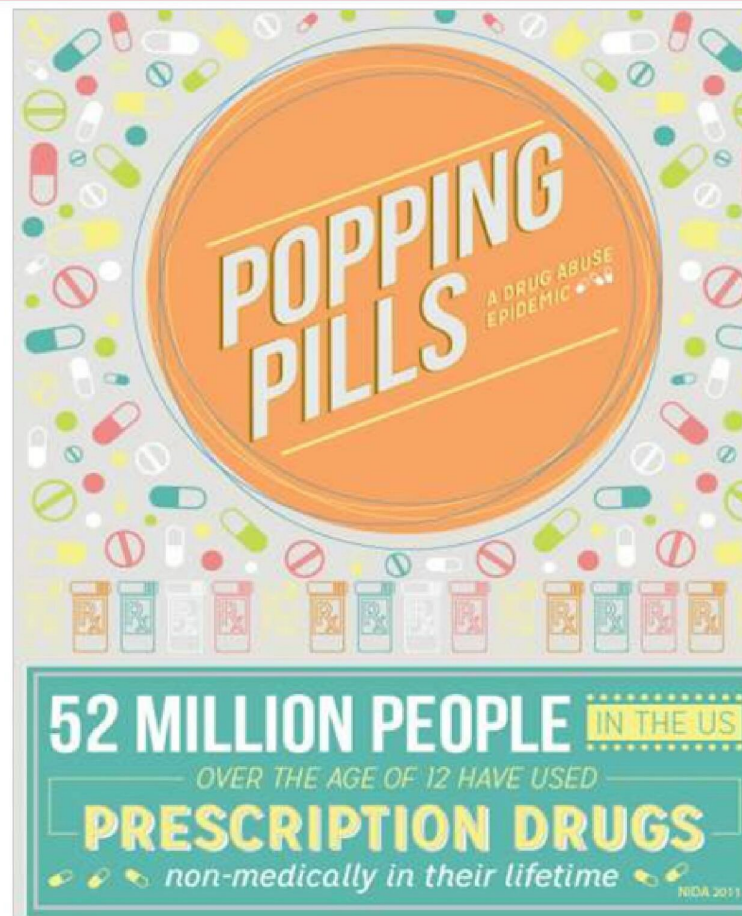
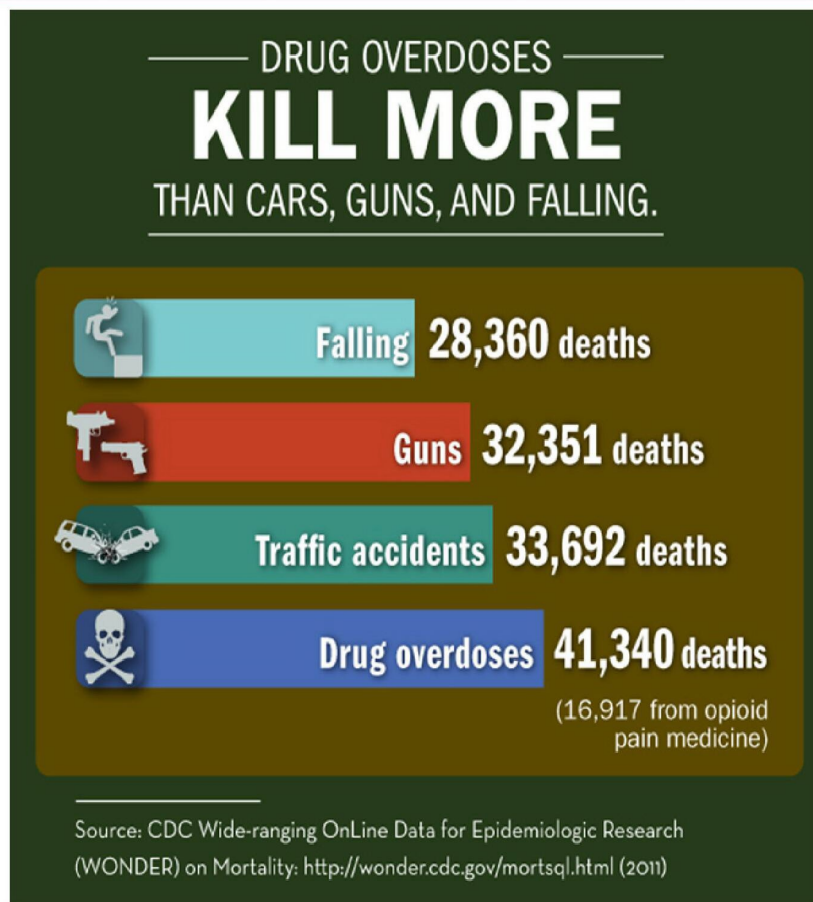
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Our Communities...Our Responsibility...



- 1 in 4 teams have reported they have misused or abused a prescription drug at least once in their life times
 - More people die every year from prescription drug overdoses than get killed in car accidents
 - 1 in 20 people in the US (age 12 or older) reported using prescription painkillers for nonmedical reasons in the past year
 - Nearly 15,000 people die every year of overdoses involving prescription painkillers.
-
- Drug users believe that the consequences of using prescription drugs are not as severe as illegal drugs. One user said he started using prescription drugs because the punishment was less severe when caught then when using illegal drugs. Many other users say that they thought they would be safe to use since they were prescribed by a medical doctor!!

When I started to really understand the tremendous growth of the misuse of prescription drugs I realized I may have been naive to believe we were doing everything we could to reduce the growth of this tragic problem in the U.S.

Our Communities...Our Responsibility...

1 in 4 teens reports having misused or abused a prescription drug at least once in their lifetime.

That is a **33 percent increase** over a five-year period.

18%

2008

24%

2012

This translates to about
5 MILLION TEENS
almost twice the
population of Chicago.

Our Communities...Our Responsibility...



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Our Communities...Our Responsibility...



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- I think you would all join me in saying this is a real issue. And if we can make a difference we need to do it!! It is our role and oath to the profession that we all are committed to,
- *I will consider the welfare of humanity and relief of suffering my primary concerns*
- Lets join together and really make a difference in this important cause!!
- So where do we start?

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- Prescription drug abuse is an epidemic in our country. Deaths from drug overdose have been rising steadily over the past two decades and have become a leading cause of injury and death in the United States.
- One of the DEA's primary roles is to prevent abuse of controlled substances through enforcement of the Controlled Substances Act. As a company, we share their goal of keeping communities drug free.
- The DEA is taking corresponding responsibility seriously and will pursue civil penalties for pharmacies and will prosecute individuals criminally.

3 min

What is a Pharmacist's corresponding responsibility?

- DEA regulations require that a controlled substance prescription “must be issued for a **legitimate medical purpose** by an individual prescriber acting in the usual course of his professional practice.”
- Pharmacists must use **reasonably diligent efforts and judgment** to determine if a prescription is issued for a **legitimate medical purpose**.



- DEA regulations require that a controlled substance prescription “must be issued for a legitimate medical purpose by an individual prescriber acting in the usual course of his/her professional practice.”
- Initial responsibility is on the prescriber when prescribing and dispensing controlled substance but the DEA also places a “corresponding responsibility” on the pharmacist who fills this prescription.
- Pharmacists fail to satisfy this legal requirement when they knew or should have known that a prescription was not issued for a legitimate medical purpose. Pharmacists cannot be ~~4m~~fully blind.
- Remember, that a prescription may not be for a legitimate medical purpose when a provider is “rogue”—a pill mill doctor, or a patient misrepresents themselves to a legitimate prescriber.
- An example of being reasonably diligent includes using the PMP.

CVS Dispensing Protocol



- Expectations of Pharmacists

“CVS Caremark expects and supports decisions by its pharmacists to not fill prescriptions if, in the sound exercise of their professional and clinical judgment they believe or suspect that the prescription was not issued for a legitimate medical purpose by a practitioner acting in the usual course of professional practice”

- CVS Caremark has developed a protocol to help Pharmacists in meeting their corresponding responsibilities. We expect and anticipate that our Pharmacists will turn away any prescriptions that they believe are not written for a legitimate medical purpose. Remember that controlled substance prescriptions have been removed from incentive calculations when looking at scripts versus budget.
- Pharmacists must:
 - **Identify** Red flags
 - **Apply** their professional judgment
 - **Decide** to fill or refuse to fill a prescription

Some examples of patient red flags can be found on page 4 of the Participant Guide and below:

1. **Distance**- patient or prescriber outside geographic area of the store
 2. **Cash**- paying cash despite having insurance- groups of people paying cash
 3. **Suspicious behavior**- patient is visibly impaired, requesting specific drugs by name or description, customers arriving in groups
 4. **Early fills**- patients consistently trying to fill early or showing up the first available moment the prescription can be filled- when is the earliest I can fill it, 12:01?
 5. **Doctor Shopping**- multiple prescribers writing for controlled substances
 6. **Appropriateness of therapy**- narcotic therapy remains after a healed injury (use all information at hand)
- Remember that verification alone does not render the prescription as legitimate
 - The patient could be the problem
 - The prescriber could be the problem

Pharmacists should not fill a prescription that they have reason to doubt is for a legitimate medical purpose even if the prescription is otherwise “valid” on its face.

Prescriber red flags include:

1. **Professional Practices**- use of stamped or preprinted prescriptions, same medication and dose to most of their patients –prescribers that don’t take insurance, prescribers that use EMR vs. hard copy
2. **Cocktail**- routinely prescribes the same combination to most patients, prescribes combinations that DEA has said have high potential for abuse
 - Trinity: Benzo, soma, hydrocodone
 - Holy Trinity: Benzo, soma, oxycodone
3. **Scope of Practice**- prescribing of narcotics does not fit with the prescribers practice (ophthalmologist writing for oxycodone)
4. **Appropriateness of Therapy**- overprescribing large doses

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- Over the course of the day I felt many emotions and I know in speaking with many field leaders they felt the same as I did. I am shocked at what is going on with our children and our neighborhoods, I am scared that one day it could be my child, I am frustrated when I think of all of the time and energy we must spend to keep our prescription drugs in the right hands, and I am sad for the hurt and pain this issue has caused so many people!!
- However, I am also energized by the impact we can make, by the contribution we can all have to our communities, our friends, and most importantly, our families. I am engaged in the cause, and the purpose is so personal to me. I am excited by the team we had on Tuesday and here today who I know can make a really big difference!!
- When our company chooses to rally around an issue we can lead the cause and champion a better future!! And I am counting on that!!
- With that, I thank all of you for your attention